

**IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO**

**IN RE:**

**Chapter 7 (Conversion from Chapter 13)**

**JEFFREY A. TIMMS  
HEATHER M. TIMMS**

**Case No. 16-50171**

**Judge Koschik**

**AMENDED SCHEDULES F  
AND SUMMARY OF SCHEDULES**

Now come Debtors, through counsel, and amends their previously filed Schedule F Summary of Schedules per the attached.

Date 04/29/2019

/s/ Jeffrey A. Timms  
Jeffrey A. Timms

Respectfully submitted,

/s/ Heather M. Timms  
Heather M. Timms

/s/ Donald P. Mitchell, Jr.  
Donald P. Mitchell Jr., #0016178  
Attorney for Debtors  
3766 Fishcreek Rd., #267  
Stow, Ohio 44224  
(330) 297-7788  
bankruptcyfiles@wmconnect.com

**CERTIFICATE OF SERVICE**

The undersigned certifies that on April 29, 2019 that a copy of Debtors' Amended Schedules and Summary of Schedules was served, pursuant to Rule 9013-3 as follows:

**Via the Court's Electronic Case Filing System on these parties and individuals who are listed on the Court's Electronic Mail Notice List:**

Keith Rucinski  
[efilings@ch13akron.com](mailto:efilings@ch13akron.com), [krucinski@ecf.epiqsystems.com](mailto:krucinski@ecf.epiqsystems.com)

Donald P Mitchell, Jr on behalf of Debtors Jeffrey & Candace Thomas  
[bankruptcyfiles@wmconnect.com](mailto:bankruptcyfiles@wmconnect.com)

Jeffrey & Heather Timms (US Mail)  
3758 Kent Road  
Stow, OH 44224

All creditors on the attached Amended Schedule indicated by \* prior to creditor name by regular US Mail, to wit:

City of Stow Water Dept.  
3760 Darrow Rd.  
Stow, OH 44224

Akron Childrens Hospital  
One Perkins Square  
Akron, OH 44308-1062

Allstate Insurance  
c/o McKenica Agency  
3889 Darrow Rd.  
Stow, OH 44224-2619

AT&T U-Verse  
c/o ERC  
PO Box 23870  
Jacksonville, FL 32241-3870

Child Guidance & Family Solutions  
87 N. Canton Rd.  
Akron, OH 44305

Cleveland Clinic  
PO Box 89410  
Cleveland, OH 44101-6410

Cleveland Clinic  
c/o Revenue Group  
3711 Chester Ave.  
Cleveland, OH 44114

Cleveland Clinic  
Attn. Customer Service  
9500 Euclid Ave. RK2-4  
Cleveland, OH 44195

Clinic Medical Services  
111 Stow Ave., Ste. 200  
Cuyahoga Falls, OH 44221

Community Health Care  
944 E. Cherry St.  
Canal Fulton, OH 44614-8669

Community Health Care  
PO Box 932909  
Cleveland, OH 44193-2909

Dish  
PO Box 7203  
Pasadena, CA 91109-7303

Dish  
PO Box 94063  
Palatine, IL 60094-4063

First Credit  
PO Box 630838  
Cincinnati, OH 45263-0838

First Credit  
PO Box 630838  
Cincinnati, OH 45263-0838

LabCare Plus  
PO Box 3475  
Toledo, OH 43607-0475

NPC Finance Ohio LLC  
c/o National Credit Adjusters  
PO Box 3023  
Hutchinson, KS 67504-3023

PA Turnpike Toll Commission  
c/o Professional Account Mgmt. LLC  
PO Box 1153  
Milwaukee, WI 53201-1153

PA Turnpike Toll Commission  
c/o Professional Account Mgmt. LLC  
PO Box 1153  
Milwaukee, WI 53201-1153

Real Time Resolutions  
1349 Empire Central Dr.  
Ste. 150  
Dallas, TX 75247-4029

Summa Physicians  
PO Box 630092  
Cincinnati, OH 45263-0092

University Hospital Physicians  
PO Box 772042  
Detroit, MI 48277-2042

Akron Childrens Hospital  
PO Box 1757  
Akron, OH 44309-1757

AT&T  
c/o Enhanced Recovery  
PO Box 57547  
Jacksonville, FL 32241

/s/ Donald P. Mitchell, Jr.

Donald P. Mitchell Jr., #0016178



**Fill in this information to identify your case:**

Debtor 1 **Jeffrey Allen Timms**  
 First Name Middle Name Last Name

Debtor 2 **Heather Marie Timms**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number **16-50171**  
 (if known)

☒ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	155,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	28,201.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	183,201.00

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	238,656.30
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	1,500.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	53,146.58
<b>Your total liabilities</b>		<b>\$ 293,302.88</b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	4,434.76
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	3,085.00

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**  
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes
7. **What kind of debt do you have?**  
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **5,662.51**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**From Part 4 on *Schedule E/F*, copy the following:**

**Total claim**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 1,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00

9g. **Total.** Add lines 9a through 9f.

\$ **1,500.00**

**Fill in this information to identify your case:**

Debtor 1 **Jeffrey Allen Timms**  
 First Name Middle Name Last Name

Debtor 2 **Heather Marie Timms**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number **16-50171**  
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$1,500.00</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	<b>\$1,500.00</b>	<b>\$1,500.00</b>	<b>\$0.00</b>

also notify

2.2	<b>IRS Special Procedures</b> Priority Creditor's Name <b>1240 East Ninth St., Rm 493</b> <b>Cleveland, OH 44199</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$0.00</b> When was the debt incurred? <b>2012</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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Federal Income Taxes



**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>* City of Stow Water Dept.</b> Nonpriority Creditor's Name <b>3760 Darrow Rd.</b> <b>Stow, OH 44224</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6006</b> When was the debt incurred? <b>1/19</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>utility</b>	<b>\$861.04</b>

4.2	<b>*Akron Childrens Hospital</b> Nonpriority Creditor's Name <b>One Perkins Square</b> <b>Akron, OH 44308-1062</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6292</b> When was the debt incurred? <b>2016/2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical - multiple accounts</b>	<b>\$2,496.63</b>
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Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

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<b>4.3</b>	<b>*Allstate Insurance</b> Nonpriority Creditor's Name <b>c/o McKenica Agency</b> <b>3889 Darrow Rd.</b> <b>Stow, OH 44224-2619</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5982</b> When was the debt incurred? <b>2019</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>insurance premium</b>	<b>\$394.76</b>
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<b>4.4</b>	<b>*AT&amp;T U-Verse</b> Nonpriority Creditor's Name <b>c/o ERC</b> <b>PO Box 23870</b> <b>Jacksonville, FL 32241-3870</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1543</b> When was the debt incurred? <b>2018</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Cellular Contract</b>	<b>\$569.76</b>
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<b>4.5</b>	<b>*Child Guidance &amp; Family Solutions</b> Nonpriority Creditor's Name <b>87 N. Canton Rd.</b> <b>Akron, OH 44305</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0930</b> When was the debt incurred? <b>7/17</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b>	<b>\$100.00</b>
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Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

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4.6	<b>*Cleveland Clinic</b> Nonpriority Creditor's Name <b>PO Box 89410</b> <b>Cleveland, OH 44101-6410</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>4417</b></u> <b>When was the debt incurred?</b> <u><b>2018</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>medical</b></u>	<b>\$1,375.32</b>
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4.7	<b>*Cleveland Clinic</b> Nonpriority Creditor's Name <b>c/o Revenue Group</b> <b>3711 Chester Ave.</b> <b>Cleveland, OH 44114</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>4701</b></u> <b>When was the debt incurred?</b> <u><b>2018</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>medical - multiple accounts</b></u>	<b>\$1,563.57</b>
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4.8	<b>*Clinic Medical Services</b> Nonpriority Creditor's Name <b>111 Stow Ave., Ste. 200</b> <b>Cuyahoga Falls, OH 44221</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>7306</b></u> <b>When was the debt incurred?</b> <u><b>7/18</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>medical</b></u>	<b>\$25.38</b>
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Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

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4.9	<b>*Community Health Care</b> Nonpriority Creditor's Name <b>944 E. Cherry St.</b> <b>Canal Fulton, OH 44614-8669</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>6958</b></u> <b>When was the debt incurred?</b> <u><b>2017/2018</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>medical - multiple accounts</b></u>	<b>\$1,044.63</b>
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4.1 0	<b>*Dish</b> Nonpriority Creditor's Name <b>PO Box 7203</b> <b>Pasadena, CA 91109-7303</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>2617</b></u> <b>When was the debt incurred?</b> <u><b>2016</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>cable contract</b></u>	<b>\$624.36</b>
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4.1 1	<b>*LabCare Plus</b> Nonpriority Creditor's Name <b>PO Box 3475</b> <b>Toledo, OH 43607-0475</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>4702</b></u> <b>When was the debt incurred?</b> <u><b>10/18</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>medical</b></u>	<b>\$70.48</b>
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Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

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4.1  
2

**\*NPC Finance Ohio LLC**

Nonpriority Creditor's Name  
**c/o National Credit Adjusters**  
**PO Box 3023**  
**Hutchinson, KS 67504-3023**  
Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7526**

**\$3,274.99**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

4.1  
3

**\*PA Turnpike Toll Commission**

Nonpriority Creditor's Name  
**c/o Professional Account Mgmt.**  
**LLC**  
**PO Box 1153**  
**Milwaukee, WI 53201-1153**  
Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2272**

**\$47.45**

When was the debt incurred? **04/19/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Ticket**

4.1  
4

**\*PA Turnpike Toll Commission**

Nonpriority Creditor's Name  
**c/o Professional Account Mgmt.**  
**LLC**  
**PO Box 1153**  
**Milwaukee, WI 53201-1153**  
Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3155**

**\$47.45**

When was the debt incurred? **12/3/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Toll Booth Ticket**



Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.1  
5

**\*Summa Physicians**

Nonpriority Creditor's Name  
**PO Box 630092**  
**Cincinnati, OH 45263-0092**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6205** **\$50.00**

When was the debt incurred? **9/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

4.1  
6

**\*University Hospital Physicians**

Nonpriority Creditor's Name  
**PO Box 772042**  
**Detroit, MI 48277-2042**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9855** **\$40.00**

When was the debt incurred? **12/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

4.1  
7

**Akron Childrens Hospital**

Nonpriority Creditor's Name  
**PO Box 1757**  
**Akron, OH 44309-1757**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3958** **\$76.00**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.1  
8

**AT&T**

Nonpriority Creditor's Name  
**c/o Enhanced Recovery**  
**PO Box 57547**  
**Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9288**

**\$66.00**

When was the debt incurred? **3/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection**

4.1  
9

**ATT Uverse**

Nonpriority Creditor's Name  
**c/o IC Systems**  
**PO Box 64378**  
**Saint Paul, MN 55164-0378**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1057**

**\$311.00**

When was the debt incurred? **3/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection**

4.2  
0

**Buckeye Lending CheckSmart**

Nonpriority Creditor's Name  
**696 Howe Ave.**  
**Cuyahoga Falls, OH 44221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$1,372.93**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **payday loan**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known)

**16-50171**

4.2  
1

**Capital One**

Nonpriority Creditor's Name  
**PO Box 30281**  
**Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0708**

**\$619.00**

When was the debt incurred? **6/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.2  
2

**Cashnet USA**

Nonpriority Creditor's Name

**175 West Jackson**  
**Ste. 1000**  
**Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,450.37**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **payday loan**

4.2  
3

**Chase Bank**

Nonpriority Creditor's Name

**c/o National Payment Services**  
**OH1-1272**

**PO Box 182223**

**Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3458**

**\$1,838.12**

When was the debt incurred? **2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **bank charges/fees**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.2  
4

**City of Stow Water Dept.**

Nonpriority Creditor's Name

**3760 Darrow Rd.**

**Stow, OH 44224**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **utility**

4.2  
5

**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98872**

**Las Vegas, NV 89193-8872**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3388**

**\$664.00**

When was the debt incurred? **7/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.2  
6

**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98872**

**Las Vegas, NV 89193-8872**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3225**

**\$589.00**

When was the debt incurred? **6/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**



Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known)

**16-50171**

4.2  
7

**Department of Education**

Nonpriority Creditor's Name

**PO Box 9635**

**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1E00**

**\$3,669.00**

When was the debt incurred? **9/11**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **student loan**

4.2  
8

**Department of Education**

Nonpriority Creditor's Name

**PO Box 9635**

**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1E00**

**\$7,646.00**

When was the debt incurred? **9/11**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **student loan**

4.2  
9

**Department of Education**

Nonpriority Creditor's Name

**PO Box 9635**

**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1E00**

**\$2,830.00**

When was the debt incurred? **4/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **student loan**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.3  
0

**Department of Education**

Nonpriority Creditor's Name

**PO Box 9635**

**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1E00**

**\$4,436.00**

When was the debt incurred? **4/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **student loan**

4.3  
1

**Direct TV**

Nonpriority Creditor's Name

**PO Box 6414**

**Carol Stream, IL 60197-6414**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$478.31**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **cable contract**

4.3  
2

**DOES**

Nonpriority Creditor's Name

**PO Box 1075**

**Cuyahoga Falls, OH 44223-0075**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,418.37**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known)

**16-50171**

4.3  
3

**EZ Online Summit Receiveables**

Last 4 digits of account number **6545**

**\$1,094.72**

Nonpriority Creditor's Name  
**c/o National Credit Adjusters**  
**PO BOX 3023**  
**Hutchinson, KS 67504**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **collection**

4.3  
4

**First Energy**

Last 4 digits of account number

**\$700.00**

Nonpriority Creditor's Name  
**76 S. Main St.**  
**Akron, OH 44308-1890**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **utility**

4.3  
5

**First Premier Bank**

Last 4 digits of account number **1930**

**\$955.00**

Nonpriority Creditor's Name  
**3820 N. Louise Ave.**  
**Sioux Falls, SD 57107**

When was the debt incurred? **6/13**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Credit card purchases**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.3  
6

**Geico Remittance Center**

Last 4 digits of account number **\$20.00**

Nonpriority Creditor's Name

**1 Geico Plaza  
Bethesda, MD 20811**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **insurance premium**

4.3  
7

**General Emergency**

Last 4 digits of account number **4952** **\$137.00**

Nonpriority Creditor's Name

**c/o Centralized Bus. Solutions  
PO Box 2714  
North Canton, OH 44720-0714**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

4.3  
8

**Giant Eagle**

Last 4 digits of account number **\$0.00**

Nonpriority Creditor's Name

**101 Kappa Drive  
Pittsburgh, PA 15238**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NSF Checks**



Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.3  
9

**Lab Care Plus**

Nonpriority Creditor's Name

**Dept. 781350**

**PO Box 78000**

**Detroit, MI 48278-1350**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2530**

**\$84.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

4.4  
0

**Plain Green LLC**

Nonpriority Creditor's Name

**93 Mack Rd. Ste. 600**

**PO Box 270**

**Box Elder, MT 59521**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,312.97**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4  
1

**Planet Fitness**

Nonpriority Creditor's Name

**835 Graham Road**

**Cuyahoga Falls, OH 44221**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3550**

**\$31.34**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.4  
2

**Progressive Insurance**

Nonpriority Creditor's Name  
**c/o Caine & Weiner**  
**15025 Oxnard St., Ste. 100**  
**Van Nuys, CA 91411**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8193**

**\$101.00**

When was the debt incurred? **2/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection**

4.4  
3

**RCL Finance/NCA**

Nonpriority Creditor's Name  
**c/o Account Discovery Systems**  
**495 Commerce Drive, Ste. 2**  
**Buffalo, NY 14226**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4433**

**\$949.53**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4  
4

**Robinson Memorial Hospital**

Nonpriority Creditor's Name  
**6847 N. Chestnut St.**  
**Ravenna, OH 44266**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2809**

**\$118.00**

When was the debt incurred? **7/12**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical**

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.4  
5

**Safeco Member Liberty Mutual**

Nonpriority Creditor's Name  
**c/o Brown & Joseph LTD**  
**1701 Golf Roadtower 2**  
**Rolling Meadows, IL 60008**  
Number Street City State Zip Code  
Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **N934** **\$363.00**

When was the debt incurred? **10/13**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **collection**

4.4  
6

**Time Warner Cable**

Nonpriority Creditor's Name  
**PO Box 0901**  
**Carol Stream, IL 60132-0901**  
Number Street City State Zip Code  
Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **\$443.30**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **cable contract**

4.4  
7

**Time Warner Cable**

Nonpriority Creditor's Name  
**PO Box 0901**  
**Carol Stream, IL 60132-0901**  
Number Street City State Zip Code  
Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **\$233.80**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

4.4  
8

**Unity Health Network**

Last 4 digits of account number **9437**

**\$25.00**

Nonpriority Creditor's Name  
**c/o First Credit**  
**PO Box 630838**  
**Cincinnati, OH 45263-0838**  
Number Street City State Zip Code  
Who incurred the debt? Check one.

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

4.4  
9

**WF Financial Cards**

Last 4 digits of account number **0267**

**\$5,528.00**

Nonpriority Creditor's Name  
**PO Box 14517**  
**Des Moines, IA 50306**  
Number Street City State Zip Code  
Who incurred the debt? Check one.

When was the debt incurred? **11/06**

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit card purchases**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**\*Cleveland Clinic**  
**Attn. Customer Service**  
**9500 Euclid Ave. RK2-4**  
**Cleveland, OH 44195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**\*Community Health Care**  
**PO Box 932909**  
**Cleveland, OH 44193-2909**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**\*Dish**  
**PO Box 94063**  
**Palatine, IL 60094-4063**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?



Debtor 1 **Jeffrey Allen Timms**  
Debtor 2 **Heather Marie Timms**

Case number (if known) **16-50171**

**\*First Credit**  
**PO Box 630838**  
**Cincinnati, OH 45263-0838**

Line **4.15** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**\*First Credit**  
**PO Box 630838**  
**Cincinnati, OH 45263-0838**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**IC System**  
**444 Highway 96 East**  
**Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**JP Recovery**  
**2022 Center Ridge Rd. # 370**  
**Rocky River, OH 44116-3501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Midland Funding LLC**  
**2365 Northside Dr. Ste. 300**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Team Recovery**  
**PO Box 1643**  
**Stow, OH 44224**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 1,500.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 1,500.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 53,146.58
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 53,146.58